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CLAIMS AS AMENDED (1) (2) (3) (4) (5) (6) (7) Claims remaining After amendment After amendment Previously paid for claims present Rate Fee Total Claims Minus = 0 x \$50 = \$ 0.00 Indep. Claims Minus = ′ 0 x \$200 = \$ 0.00 First Appearance of a multiple dependent claim + \$360 = \$ 0.00	FEE ALCHORIZATION / AMENDMENT TRANSMITTAL Attorney's Docket No: A-5271							527E				
In Re Application of Ulrich Feige												
For MODIFIED PEPTIDES AS THERAPEUTIC AGENTS TO THE COMMISSIONER FOR PATENTS: Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): One month of original due date (\$120.00) Two months of original due date (\$450.00) Three months of original due date (\$1,020.00) Four months of original due date (\$1,590.00) Five months of original due date (\$2,160.00) A response in connection with the matter for which this extension is requested: is filed herewith. has been filed. The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. The accompanying papers include amended claims for which no additional fee is required. The accompanying papers include amended claims the fee for which has been calculated as follow CLAIMS AS AMENDED (1) (2) (3) (4) (5) (6) (7) Claims remaining After amendment Freviously paid claims present Rate Fee After amendment Total Claims Minus = 0 x \$50 = \$0.00 Indep. Claims Minus = 0 x \$200 = \$0.00 First Appearance of a multiple dependent claim + \$360 = \$0.00				ust 18, 2003		<u> Feresa D. Wesse</u>						
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Total Additional Fee for this Amendment \$ 0.00 * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.	** If the "Highe	st Number Previous	y Paid For"	'IN THIS SPACE	is le	ss than 20, write "20"	in this	space.				
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.												
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior												
amendment or the number of claims originally filed. The following other fees are incurred by the accompanying papers.												
☐ Other: Terminal Disclaimer												
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,150.0 A duplicate copy of this petition is attached.												
☑ If an additional extension of time is required, please consider this a request therefore.												
The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.												
Please Send Future Correspondence To:												
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U.S. Patent Operations/TJG												
Dept. 4300, M/S 28-2-C Attorney/Agent for Applicant(s)												
AMGEN INC. Registration No.: 33,111 Phono: (805) 447 3688												
One Amgen Center Drive Phone: (805) 447-2688 Thousand Oaks, California 91320-1799, USA Date: August 7, 2007												
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Sherry St. Andrew
Printed Name



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Feige et al.

Serial No.: 10/645,784

Group Art Unit No.: 1639

Filed:

August 18, 2003

Examiner: Teresa D. Wessendorf

For:

MODIFIED PEPTIDES AS THERAPEUTIC AGENTS

Docket No.: A-527E

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

A response to the Final Office Action dated February 7, 2007, regarding the aboveidentified patent application, is filed herewith. A three-month Request for Extension of Time is enclosed.

Amendments to the Abstract begin on page 2 of this paper Amendments to the Claims begin on page 3 of this paper Remarks/arguments begin on page 5 of this paper.

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Sherry St. Andrew